PART B - FEE(S) TRANSMITTAL

Complete and send this form, together FEB 2 9 2008

with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

maintenance fee notifications.

INSTRUCTIONS: This form should be send for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patern advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed of the patern advance orders and notification of maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

24998

7590

11/30/2007

DICKSTEIN SHAPIRO LLP 1825 EYE STREET NW Washington, DC 20006-5403

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)		
(Signature)		
(Date)		

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/730,922	12/10/2003	Hajime Yuzurihara	R2184.0286/P286	6733	

TITLE OF INVENTION: OPTICAL RECORDING METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$300	\$0	\$1740	02/29/2008	
EXAMINER AR		ART UNIT	CLASS-SUBCLASS	02/02/2000 0	WENVENT DAGGGAAA A	2720053	
HINDI, I	NABIL Z	2627	369-059110	93/83/2888 U	CNGUYEN3 00000110 10730922		
CFR 1.363). Change of corresp Address form PTO/S. "Fee Address" inc	lication (or "Fee Address 02 or more recent) attack	nge of Correspondence	(1) the names of up to or agents OR, alternati (2) the name of a singl registered attorney or a	atent front mage is in a segister of pairs in the segister of	era ² Sha	ASTERNO DE LE PERSONA DE LA PE	
3. ASSIGNEE NAME A	AND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	pe)			
PLEASE NOTE: Un recordation as set for	lless an assignee is ident th in 37 CFR 3.11. Com	ified below, no assignee oletion of this form is NO	data will appear on the p T a substitute for filing an	atent. If an assignee is ic assignment.	dentified below, the doc	ument has been filed for	
(A) NAME OF ASSI	GNEE		(B) RESIDENCE: (CITY	and STATE OR COUNT	RY)		
Ricoh	Company, Lt	.d.	Tokyo,	Japan			
Please check the appropr	riate assignee category or	categories (will not be p	rinted on the patent):	Individual 🙀 Corporati	ion or other private group	entity Government	

NOTE: The Issue Fee and Publication Fee (if required) with not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignce or other party in interest as shown by the records of the United States Patent and Trademark Office. 2/29/08 Authorized Signature

A check is enclosed.

Typed or printed name Mark J. Thronson Registration No. _ 33,082

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

4a. The following fee(s) are submitted:

Advance Order - # of Copies __

Issue Fee

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Dublication Fee (No small entity discount permitted)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

5. Change in Entity Status (from status indicated above)

4b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above)

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number ___04__1073 (enclose an extra copy of this form).

A Payment by credit card. Form PTO-2038 is attached.

PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperock Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective TRANSPOO4. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL			Complete if Known				
			Application Nu	ımber 10	10/730,922-Conf. #6733		
			Filing Date	D	December 10, 2003		
			First Named Ir	nventor H	ajime Yuzurih	ara	
For FY 2008			Examiner Nam	e N.	. Z. Hindi		
Applicant claims small entit	y status.	See 37 CFR 1.27	Art Unit	26	527		
TOTAL AMOUNT OF PAYMENT		(\$) 1,743.00	Attorney Docket No. R2184.0286/P286				
METHOD OF PAYMENT (c	neck all t	hat apply)					
Check X Credit Card		Money Order No	one Other	r (please identify)	:		
X Deposit Account Deposit Ac	count Numb	per: 04-1073	Depos	it Account Name:_	Dickstei	n Shapiro	LLP
For the above-identified	deposit	account, the Director	is hereby authori	zed to: (check	all that apply)		
Charge fee(s) indi	cated be	low	Char	rge fee(s) indic	cated below, ex	cept for th	e filing fee
Charge any additi		s) or underpayments and 1,17	of x Cred	it any overpay	ments		į
FEE CALCULATION							
1. BASIC FILING, SEARCH, AI	ID EXAM	MINATION FEES					
	FILIN		EARCH FEES		ATION FEES		
Application Type F	ee (\$)	Small Entity Fee (\$) Fee (Small Entity \$) Fee (\$)	Y Fee (\$)	Small Entity Fee (\$)	Fees F	aid (\$)
	310	155 510		210	105		
•	210	105 100	50	130	65		
Plant	210	105 310	155	160	80		
Reissue	310	155 510		620	310		
Provisional	210	105		0	0		
2. EXCESS CLAIM FEES	210	105	,	Ū	ŭ		Small Entity
Fee Description	D = : = = = = = =	,				Fee (\$)	Fee (\$)
Each claim over 20 (including Each independent claim over 3						50 200	25 100
Multiple dependent claims	(mendan	ing recissues)				360	180
· · · · · · · · · · · · · · · · · · ·		Foo (\$) Foo	Paid (\$)	RA	tinla Danende		100
<u>Total Claims</u> <u>Extra Clai</u>		Fee (\$) Fee	Paiu (\$)	Fee		ole Dependent Claims) <u>Fee Paid (\$)</u>	
HP = highest number of total claims p	aid for, if g	reater than 20.		1.00		ce i dia (_
Indep. Claims Extra Clai	ms 1	Fee (\$) Fee	Paid (\$)				
-3=	× _	=	·				
HP = highest number of independent	claims paid	d for, if greater than 3.					
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1501 Utility issue fee 1,440.00 1504 Publication fee for early, voluntary, or normal 300.00							
8001 Printed copy of patent w/o color 3.00							
SUBMITTED BY							
Signature MM 4	-6	Registra (Attorney		82 / 52,654	Telephone	(202) 42	0-4742
Name (Print/Type) Mark J. Thronson / Anthony M. Briggs, Jr. Date February 29, 2008				29, 2008			